

OFEP



County Manager's Office of Fair Employment Practices

111 NW 1st Street

22nd Floor

Miami, FL 33128

Telephone (305) 375-2784

Fax (305) 375-2114

Complaint Form

Please complete the following form in its entirety to the best of your knowledge. The information provided will assist the OFEP staff in determining the nature and extent of discrimination/harassment as defined by federal, state or local laws.

OFEP Case No.: _____

COMPLAINANT INFORMATION

Name: _____

Street Address: _____

City/State/Zip: _____

Telephone (H) _____ (W) _____

May we contact you at work? ☐ Yes ☐ No

What is your gender? ☐ Male ☐ Female

What is your race? ☐ White ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander

☐ American Indian ☐ Alaskan National/Aleut

How were you referred to OFEP?

☐ Department ☐ EEOC ☐ Co-worker ☐ Brochure ☐ County Web-site

☐ Training ☐ Attorney ☐ Other: _____

Have you filed a complaint within your department? ☐ Yes ☐ No

If yes, with whom and when? _____

Have you filed a complaint with any other government agency? ☐ Yes ☐ No

If yes, with whom? ☐ EEOC ☐ FHRC ☐ DOL ☐ Other: _____

Are you currently a Miami-Dade County Employee? ☐ Yes ☐ No

If yes, please answer the following questions:

Original date of hire: _____

Department: _____ Division: _____

Job classification: _____

Length of time in current department: _____

Current supervisor: _____

Probationary period completed? ☐ Yes ☐ No

Date terminated or laid-off (if applicable): _____

Date of last Performance Evaluation: _____

BASIS OF COMPLAINT

Please check the box or boxes that best describe discrimination/harassment you are alleging:

☐ Race/Ethnicity ☐ Gender ☐ Color ☐ National Origin ☐ Religion ☐ Disability

☐ Marital Status ☐ Sexual Orientation ☐ Sexual Harassment ☐ Pregnancy

☐ Retaliation ☐ Age _____

☐ Exercise of Protected Constitutional or Statutory Right: _____

Date of last alleged unlawful act of discrimination/harassment: _____

If you have an attorney, please provide the following information:

Name: _____ Telephone: _____

Address: _____

Specific Allegation

Please describe the events you are complaining about in chronological order. Wherever possible, supply the names of individuals involved.

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List Witnesses

Please name individuals who can corroborate and provide evidence of your complaint.

Name	Classification	Telephone

What remedy are you seeking for this complaint?

Declaration

I, _____, do declare that the statements provided above are a true and accurate representation to the best of my knowledge. I understand that the information that I have provided will be used by the Office of Fair Employment Practices to investigate my complaint. I therefore agree not to directly or indirectly discuss any element of my complaint, in whole or in part, with any person or persons that may provide relevant information to this investigation.

Complainant Signature

Date

OFEP Specialist